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FAMILY NAME:	TIGHE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:		DEMAND RECEIVED (Y/N):	N
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ATTORNEY DOCKET NUMBER:	540-204	COUNTRY:	
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CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	22201
EMAIL:			
APPLICATION TITLES:			
	AIRCRAFT STRUCTURE FATIGUE ALLEVIATION		

TAB TO LAST POSITION, PUSH SEND



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CONFIRMATION NO. 2799

SERIAL NUMBER 09/582,760	FILING DATE 06/30/2000 RULE	CLASS 244	GROUP ART UNIT 3644	ATTORNEY DOCKET NO. 540-204
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APPLICANTS

DAVID J TIGHE, AVON, UNITED KINGDOM;

ANDREW D WILLIAMS, AVON, UNITED KINGDOM;

** CONTINUING DATA *****

This application is a 371 of PCT/GB00/01998 05/25/2000

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 9913032.0 06/05/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

AIRCRAFT STRUCTURE FATIGUE ALLEVIATION

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
ADDRESS NIXON & VANDERHYE 1100 NORTH GLEBE ROAD 8TH FLOOR ARLINGTON, VA 22201-4714				
TITLE AIRCRAFT STRUCTURE FATIGUE ALLEVIATION				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit				